

MEDS - Medical Summary

This screen is used to record basic health care and medical insurance information for a specific client.

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CAFSMEDS                MEDICAL SUMMARY                11/26/2007    14:32
USER ID : CS4566        MODIFY
CAPS ID : 00002084      25      NAME: FURST, EVE

HEIGHT: 5  4      WEIGHT: 120      DISTINGUISHING FEATURES : Y
HAIR  : BRN      BROWN      MEDICAL/MENTAL DETAIL (MMHD) : N
EYES  : BLU      BLUE      PRESCRIPTION MEDICATION (MDTD) : N
BLOOD TYPE: B+    ALLERGIES: N      MRM : N      MEDICAL CASE MGMT : N
PREGNANT - DUE :

PRIMARY PHYSICIAN: MARY REYNOLDS
DATE OF LAST EPSDT SCREEN      :
IMMUNIZATION RECORD REQUESTED :      PROVIDED :
HEALTH INFORMATION REQUESTED  :      PROVIDED :

----- PAGE NO: 001
HEALTH CARE COVERAGE : 973      AMERICAN TRAVELERS LIFE
POLICY NUMBER        : 1234567890      GROUP CERTIFICATION #: 12345678901
POLICY HOLDER CAPS-ID: 00002086      POLICY HOLDER SSN: 001-01-0001
      NAME (L,F,M): WASHINGTON      GEORGE
ISSUED DATE: 01/01/2007      END DATE: 12/31/2007      VERIFIED DATE: 03/10/2007
SHIFT+F10=ADD ADDITIONAL INSURANCE

PATH:
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Field Descriptions (F12) indicates code lookup is available.

CAPS ID (F12)

Enter the CAPS ID of the client you want to add or view medical information for.

NAME

This field will display the name of the client whose CAPS ID is entered in the CAPS ID field.

HEIGHT

Enter the height for the client. *There are two fields – first field is “feet”, second field is “inches”. You do not need the single and double quotes to indicate feet/inches.*

WEIGHT

Enter the weight for the client.

DISTINGUISHING FEATURES

Enter “Y” (yes) if the client has any distinguishing features (scars, tattoos, piercings, etc) or “N” (no) if the client does not have any distinguishing features. *If answering with a “Y”, type up the distinguishing features in a Word document and attach as a note in DocGen.*

HAIR (F12)

Enter the hair color for the client.

MEDICAL/MENTAL DETAIL (MMHD)

This field will display “Y” (yes) if there are details entered on the MMHD (Medical/Mental Health Detail) screen or “N” (no) if the MMHD (Medical/Mental Health Detail) screen is blank.

EYES (F12)

Enter the eye color for the client.

PRESCRIPTION MEDICATION (MDTD)

This field will display “Y” (yes) if there are details entered on the MDTD (Medication / Treatment Detail) screen or “N” (no) if the MDTD (Medication/Treatment Detail) screen is blank.

BLOOD TYPE

Enter the blood type for the client. *Enter + for positive types and – for negative types. For example B+ or O-).*

ALLERGIES

Enter “Y” (yes) if the client has any allergies or “N” (no) if the client does not have any allergies. *If answering with a “Y”, type up the allergies in a Word document and attach as a note in DocGen.*

MRM

This field will default “N” (no). *This field does not apply to CPS, so you can leave it as the default.*

MEDICAL CASE MGMT

This field will default “N” (no). *This field does not apply to CPS, so you can leave it as the default.*

PREGNANT – DUE

If the client is pregnant, enter the month and year (12/2011) the client is due.

PRIMARY PHYSICIAN

Enter the name of the client’s primary physician, if one exists.

DATE OF LAST EPSDT SCREEN

Enter the date of the client's last EPSDT (Early Prevention, Screening and Diagnostic Testing) screen.

IMMUNIZATION RECORD REQUESTED

This field will default the date the D210 (Request for Clients School/Medical Records) document is run for the client.

PROVIDED

If immunization records were requested, enter the date the records were provided. *A date cannot be entered in this field if there is not a date in the IMMUNIZATION RECORD REQUESTED field.*

HEALTH INFORMATION REQUESTED

This field will default the date the D210 (Request for Clients School/Medical Records) document is run for the client.

PROVIDED

If health information was requested, enter the date the information was provided. *A date cannot be entered in this field if there is not a date in the HEALTH INFORMATION REQUESTED field.*

HEALTH CARE COVERAGE (F12)

If the client has private health insurance, enter the health insurance company.

POLICY NUMBER

Enter the policy number for the health insurance policy.

GROUP CERTIFICATION #

Enter the group certification number for the health insurance policy.

POLICY HOLDER CAPS-ID (F12)

Enter the CAPS ID of the person who holds the health insurance policy. *If a CAPS ID is entered, the policy holder SSN (if one was entered) and name information will default automatically.*

POLICY HOLDER SSN

Enter the social security number of the person who holds the health insurance policy, if a CAPS ID was not entered in the POLICY HOLDER CAPS-ID field, or if one doesn't default.

NAME (L, F, M)

Enter the name (Last name, First name, Middle initial) of the person who holds the health insurance policy, if a CAPS ID was not entered in the POLICY HOLDER CAPS-ID field

ISSUED DATE

Enter the issuance date of the health insurance policy.

END DATE

Enter the end date of the health insurance policy.

VERIFIED DATE

Enter the verified date of the health insurance policy. *This typically means you have made a copy of their insurance card for the case file.*

Additional Information

Pressing SHIFT+F10=ADD ADDITIONAL INSURANCE will clear out the health insurance portion of the screen for you to add a 2nd or new policy without losing the history of the initial entry.